REMARKS

Entry of this Amendment and reconsideration are respectfully requested in view of the amendments made to the claims and for the remarks made herein. Claims 1-8 and 10-12 are pending and stand rejected. Claims 1 and 12 have been amended to include the subject matter of previously pending claims 14 and 15, respectively. Claims 14 and 15 have been cancelled.

Claims 1-8, 10-12, 14 and 15 stand rejected under 35 USC 103(a) as being obvious over Coffman (USPPA 2006/053036). This rejection is moot as to claims 14-15 which have been cancelled. Claims 1-8 and 10-11 include the feature of "an erasing device that erases the identification code from a memory of the control device after a predetermined time." Claim 12 includes the step of "erasing the identification code from the memory of the control device after a predetermined time." The Office Action asserts that Coffman discloses this feature. Applicant respectfully point out that Coffman does not disclose, and teaches away from, erasing the identification code after a predetermined time.

The Office Action asserts that support for Coffman teaching this feature may be found in paragraphs 65, 72, 100-104 and Figures 1 and 4. Applicant respectfully points out that the Coffman system, referring to step 300 of its FIG. 3, clears its memory based upon establishing the communication connection between the mobile medical transaction carrier (MTC) 110 and the control system 40:

> [0072] **Once the connection has been established in the box 300, the MTC 110 may be queried by the control system 40 to transmit unknown deleted transaction identifications (IDs) that were not found in the information stored in the PSA 120. The control server 40 analyzes the unknown deleted transaction IDs, and determines, in box 320, whether or not these transactions are pending or may be cleared from memory.** If the transactions associated with the undeleted transaction IDs are not pending, control server 40 determines, in box 330, that no action needs to be taken and that these transactions were cleared during a previous communication session. In the case where the determination in box 320 indicates that the unknown deleted transaction IDs are pending for clearance, the control server 40 marks the transaction as cleared 334. (Coffman par. 72)(emphasis added).

Coffman further describes the connection being established not based upon pre-determined time periods, but rather based upon a particular location of the MTC 110:

> [0069] Once at the nurse station computer system 60, the MTC 110 in inserted into computer system 60 or MTC cradle 100, depending on the configuration of the equipment, to begin the process of communicating the patient information gathered from the PSA 120 into the storage of control system 40. Alternatively, particularly in the case where a wireless system is used, MTC 110 may be activated as it approaches within a predetermined distance of the nurse station computer system 60 or another other device, such as a computer system located at a location other than at the nurse station 50 (not shown) or a remotely located transmitter/receiver configured to establish communication with a MTC, to establish a communication connection with control system 40 over communication system 5. (Coffman par. 69).

The distance-based clearing of the memory of the MTC 110 is consistent with the objective of Coffman of providing mobile MTCs 110, such as a nurse's PDA, that provide for tracking of the administration of medications for a specific patient:

> [0015] Generally, the system of the present invention includes a medical transaction carrier ("MTC") that contains information concerning past and present medical transactions. The medical transaction carrier is used to transfer information relating to past and present medical transactions between a control system that is interfaced with various other care-giving institutional information systems, such as a pharmacy information system, or hospital information system, or physician order entry system, or a patient specific asset located at a patient's bedside. **The information transferred by the medical transaction carrier is used to validate that the right medication and the parameters of the medication administration record are properly delivered to the right patient.** . .The system of the present invention includes methods for validating the information transferred by the medical transaction system to ensure that no information is lost.
> [0016] The medical transaction carrier in accordance with one aspect of the present invention may be a personal data assistant ("PDA"), a laptop computer, a smart card, a BLUETOOTH transceiver, or other device capable of storing information and transporting the information from one location in a care-giving facility where medications are

> prepared for delivery to a patient's bedside. In another aspect, the medical transaction carrier may be primarily stationary and located at the patient's bedside. At the patient's bedside, the medical transaction carrier is interfaced to a patient specific asset ("PSA"), such as an infusion pump or vital signs monitor, and the information stored within the medical transaction carrier is communicated to the patient specific asset to provide the asset with specific treatment parameters to be used in delivering medication to the patient or in otherwise interacting with the patient.
> [0017] In another aspect of the present invention, the patient specific asset may include a capability of monitoring the progress of the delivery of medication and storing information relating to the delivery of the medication in a memory. **The stored information may then be communicated to the medical transaction carrier for transport back to the control system, where the information is transferred from the medical transaction carrier and validated and/or documented by the control system**. Documentation may occur in the pharmacy system for example. (Coffman paragraphs 15-17)(emphasis added).

Coffman teaches against an erasing device that erases the identification code from a memory of the control device after a predetermined time as in claims 1-8 and 10-11 or erasing the identification code from the memory of the control device after a predetermined time as in claim 12 since these are time-based erasures. Coffman is designed to ensure that all medical information is transferred to the control system and thus the Coffman system clears memories based on distance rather than imposing a pre-determined time period within which a clearance will occur.

Additionally, claims 1-8 and 10-11 include the feature of the identification code identifying the room in which the examination device is located and the examination device having means to verify the identification code and being arranged to accept the corresponding control signals when the identification code is correct and to reject the corresponding control signals when the identification code is not correct. The Office Action concedes that Coffman does not disclose use of a room identification code, but asserts that it would have been obvious to modify Coffman to provide room identification codes based on the motivation of facilitating tracking of the medical examination device.

The Office Action further asserts that this limitation is analogous to an intended use limitation and contends since Coffman is "capable of performing the intended use, then it meets the claim." Applicant respectfully points out that these claims include the structural limitation of the examination device having means to verify the identification code and being arranged to accept the corresponding control signals when the identification code is correct and to reject the corresponding control signals when the identification code is not correct. As such, this is not an intended use limitation but rather a structural difference between claims 1-8 and 10-11 and Coffman, and the Office Action cannot simply ignore this feature.

Coffman teaches against the feature of the examination device accepting the corresponding control signals when the identification code is correct and rejecting the corresponding control signals when the identification code is not correct, where the identification code identifies the room in which the examination device is located. The Coffman device is a patient identification-based system:

> [0065] In an alternative embodiment, where the MTC 110 is a smart card having a magnetic strip, the PSA 120 may include a magnetic strip reader capable of reading the encoded information stored in the magnetic strip of the MTC 110. In yet another embodiment, the MTC may include a transmitter/receiver configured such that when the MTC 110 comes within a predetermined distance of the PSA 120, a communication link between the MTC 110 and the PSA 120 is automatically established. Using a unique identifier associated with the specific PSA 120 to be used to deliver the medication, the MTC 110 may query the PSA 120 to determine if the unique identifier stored in the memory of the MTC 110 matches that of the PSA 120. **If the unique identifier stored in the MTC 110 does not match the identifier transmitted to it by the PSA 120, an error signal may be generated alerting the care-giver that the MTC 110 is communicating with the wrong PSA 120, and that the patient may receive the wrong medication.** (Coffman paragraph 65)(emphasis added).

The patient specific asset (PSA) 120 of Coffman is intended to be a mobile device that can be brought to different patients without being associated with any particular location or room:

> [0047] One disadvantage of connecting the equipment or clinical devices directly into the communication system 5 or bedside computer 5 is that the PSA thus becomes immobile and relegated to a single location. This disadvantage is addressed by the present invention in that use of the MTC to transport information to and from the clinical device or bedside equipment frees the device or equipment to be moved from one location to another without requiring changes to a communication network to identify the equipment or device, as is required where the equipment or device is identified as a node on the network. (Coffman paragraph 47).

To modify Coffman so that the identification code identifies the room in which the examination device is located and that the examination device accepts the corresponding control signals when the identification code is correct and rejects the corresponding control signals when the identification code is not correct, would obviate the intended objective of Coffman.

For all the foregoing reasons, it is respectfully submitted that all the present claims are patentable in view of the cited reference. A Notice of Allowance is respectfully requested.

Dated: 10/29/07

Respectfully submitted,

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